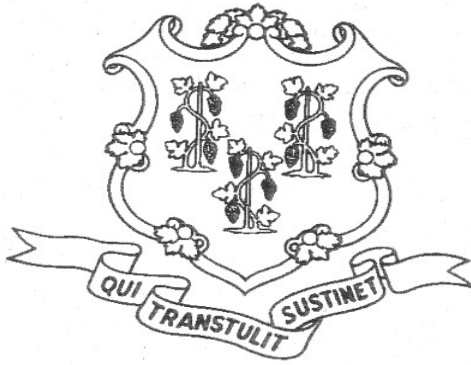


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield CT 06078	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider 07-5347
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Medicaid Provider Numbers:	CCNH 20751	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Suffield House [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Carrie Riccio			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Suffield House	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By Mark Tomasello	Phone Number (860) 668-6111	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility (860) 668-6111	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) The Suffield House			Address (No. & Street, City, State, Zip) One Canal Road, Suffield CT 06078		
License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider No. 07-5347	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator Carrie Riccio			Nursing Home Administrator's License No.:	1059	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield CT 06078	CT	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Celia J. Moffie	One Canal Road, Suffield CT 06078	President	20
Calvin Moffie	One Canal Road, Suffield CT 06078	Secretary	20

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
Carrie Riccio	One Canal Road, Suffield CT 06078		20
Cathy Demio	One Canal Road, Suffield CT 06078		20
Clinton Moffie	One Canal Road, Suffield CT 06078		20

**General Information and Questionnaire
 Related Parties***

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Harold J. Moffie	5 Schuyler Lane, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	431,460	431,460
Selma A. Moffie	5 Schuyler Lane, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	50,000	50,000
Eagle Point	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds shares building	Page 32 Line D7	511,137	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	769,493	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 34 Line B3	1,380,798	
Calvin Moffie of the Guilford House	109 Westlake Ave, Guilford CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	1,820	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation Leasehold Improvements	Page 22 Line 8C	39,899	
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility The Suffield House			License No. 2075-C	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Financial Services, P.O. Box 371887, Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	09/04/13	63 Months	1,825	1,825	
CBS, P.O. Box 788760, Philadelphia PA 19178-8760	<input type="radio"/>	<input checked="" type="radio"/>	HP40E Printer	06/30/14	39 Months	434	434	
Wells Fargo Vendor Fin Serv, P.O. Box 70239, Philadelphia PA 19176-0239	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C754e/ Konica Minolta 454e	07/30/15	60 Months	8,906	8,906	
ACPL, 4999 Aircenter Circle, Ste 103, Reno NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapeutic Rehabilitation Equipment	09/22/15	12 Months	12,256	12,256	
Derenzy Documents Solutions, 130 Doty Circle, W. Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenance Usage Cost	10/01/09	Monthly	3,763	3,763	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							27,184	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 Sheptoff, Reuber & Co. PC 3 4	Address (No. & Street, City, State, Zip Code) 300 Crown Colony Dr, Suite 310, Quincy MA 02169 111 New London Tnpk, Glastonbury CT 06033
--	---

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 2,750
2 Tax Preparation/Preparation of Federal Form 8752/Town Property Tax Return	\$ 5,994
3	\$
4	\$
	Charge for Services Provided
	\$ 8,744

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Unemployment Tax Management Corporation 2 Murtha Cullina, LLP 3 Federal Insurance Company, Chubb Group of Companies 4 Lori Griffin, RN, C.R.R.N. 5 PASI, LLC	Telephone Number (781) 245-5353 (860) 240-6000 (888) 259-6445 860-275-8200
--	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 P.O. box 4074, Wakefield MA 01880-5374 2 185 Ayslum St., Hartford CT 06103 3 P.O. Box 1675, White House Station NJ 08889 4 10350 Glastonbury Circl, Fort Meyers FL 33913 5 231 Farmington Ave, Farmington CT 06032
--

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against facility	\$ 1,950
2 General Health Care Regulatory Rules	\$ 400
3 Defense of complaint against Suffield Manor Inc. dba The Suffield House	\$ 5,465
4 Consulting to strengthen and/or develop existing clinical programs & develop protocols based on new regulations.	\$ 14,562
5 Employee Benefits Consulting	\$ 773
	Charge for Services Provided
	\$ 23,150

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	128	128			128	128			128	128			
B. On last day of THIS report period	128	128			128	128			128	128			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	127	127			127	127			127	127			
B. As of midnight of THIS report period	126	126			127	127			126	126			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,525	8,525			6,658	6,658			1,867	1,867			
B. Medicaid (Conn.)	25,412	25,412			18,617	18,617			6,795	6,795			
C. Medicaid (other states)													
D. Private Pay	8,549	8,549			6,360	6,360			2,189	2,189			
E. State SSI for RCH													
F. Other (Specify) Managed Care	2,271	2,271			1,684	1,684			587	587			
G. Total Care Days During Period (3A thru F)	44,757	44,757			33,319	33,319			11,438	11,438			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	44,757	44,757			33,319	33,319			11,438	11,438			

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	21		76		29								
Per Diem Rate													
a. One bed rm.			229.77		460.00								
b. Two bed rms.			229.77		440.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,956	3,956				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								308	308				
2. Restorative Treatments													
C. Other								30,729	30,729				
D. Total Physical Therapy Treatments								34,993	34,993				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								88	88				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								23	23				
2. Restorative Treatments													
C. Other								356	356				
D. Total Speech Therapy Treatments								467	467				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,011	3,011				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								233	233				
2. Restorative Treatments													
C. Other								27,129	27,129				
D. Total Occupational Therapy Treatments								30,373	30,373				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Suffield House	2075-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	210,091	2,076				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	769,587	22,569				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	78,316	2,080				
c. Dietary Workers	558,911	34,482				
6. Housekeeping Service						
a. Head Housekeeper	86,695	2,080				
b. Other Housekeeping Workers	240,888	17,620				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	79,415	2,080				
b. Other Maintenance Workers	106,526	6,499				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	211,192	13,710				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	105,556	2,103				
b. RN						
1. Direct Care	594,884	17,480				
2. Administrative**	828,980	21,931				
c. LPN						
1. Direct Care	1,163,575	39,974				
2. Administrative**						
d. Aides and Attendants	2,012,576	117,477				
e. Physical Therapists	619,649	15,008				
f. Speech Therapists	14,359	273				
g. Occupational Therapists	525,354	13,478				
h. Recreation Workers	278,116	6,953				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	205,888	6,240				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,690,558	344,113				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended			Page	of	
The Suffield House				2075-C	9/30/2018			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Cathy Demio	126,469			Standard	Recreation	1,560	A12h			
Clinton Moffie	153,962			Standard	Administrative(Self Disallowed)	2,080	A4			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Carly Radin	3,931			None	Administrative	281	A4			
Alexander Riccio	3,120			Standard	Administrative(Self Disallowed)	300	A4			
John Riccio	75,421			Standard	Director of Admissions	2,080	A12m			

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Suffield House				2075-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carrie Riccio	210,091			Standard	Oversee operations of facility	2,076	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Suffield House	2075-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,800	28				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	134				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	22,800	162				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gordon Holder D.D.S.	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Leslie Lindenberg	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dushyant B. Parikh	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
The Suffield House	2075-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 165,165	165,165			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 75,937	75,937			
4. Social Security (F.I.C.A.)	\$ 644,500	644,500			
5. Health Insurance	\$ 645,878	645,878			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,630	33,630			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 69,598	69,598			
d. Accounting and Auditing	\$ 8,744	8,744			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 23,150	23,150			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 29,428	29,428			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 23,717	23,717			
2. Cellular Phones	\$ 2,514	2,514			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 723,067	723,067			
Subtotal	\$ 2,445,578	2,445,578			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

The Suffield House
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018		Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,445,578	2,445,578		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 29,312	29,312			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 472	472			
5. Education Expenses Related to Seminars and Conventions	\$ 4,758	4,758			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 16,888	16,888			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,778	9,778			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,358	3,358			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,671	6,671			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,791	12,791			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 110	110			
9. Subscriptions	\$ 3,140	3,140			
10. Contributions*** See Attached Schedule	\$ 368	368			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 107,226	107,226			
12. Administrative Management Services**	\$ 481,460	481,460			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 13,681	13,681			
C-14 Total Administrative & General Expenditures	\$ 3,135,591	3,135,591			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
BUSINESS PROMOTION	\$ 3,358		
Total Other Advertising	\$ 3,358	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALLSCRIPTS	\$ 3,333		
CAHCF	\$ 9,418		
CATRD	\$ 40		
Total Dues	\$ 12,791	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS	\$ 368		
Total Contributions	\$ 368	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
FEES AND REGISTRATION	\$ 775		
LICENSES AND PERMITS	\$ 2,560		
MISCELLANEOUS ADMIN EXPENSE	\$ 1,268		
BANK CHARGES	\$ 109		
LOSS ON DISPOSAL OF ASSETS	\$ 39		
SALES TAX	\$ 1,000		
CT BACKGROUND CHECK FEES	\$ 6,069		
LATE FEES	\$ 1,861		
Total Other Administrative and General	\$ 13,681	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Harold J. Moffie, 5 Schuyler Lane, Bloomfield CT 06002	431,460	Management Fees (Self Disallowed)	Page 16 Line 1m12	
Selma A. Moffie, 5 Schuyler Lane, Bloomfield CT 06002	50,000	Management Fees (Self Disallowed)	Page 16 Line 1m12	

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 288,947	288,947		
2. Non-Food Supplies	\$ 32,922	32,922		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 321,869	321,869		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	368	368		
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P 30 IV 1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				\$19,080
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				\$15,289
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P 30 IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
 (See Note on Page 5)**

Name of Facility The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3.	Laundry				
	a. In-House Processing*	Lbs.			
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	18,329	18,329	
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
	4. Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	13,744	13,744	
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
	c. Other (Specify)	\$			
3D.	Total Laundry Expenditures (3a + b + c)	\$	32,073	32,073	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
The Suffield House		2075-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	50,497	50,497		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	50,497	50,497		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Outside Pharmacy	\$	374,216	374,216		
b.	Medicine Cabinet Drugs	\$	48,451	48,451		
c.	Medical and Therapeutic Supplies	\$	231,597	231,597		
d.	Ambulance/Limousine***	\$	8,918	8,918		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	51,663	51,663		
f.	X-rays and Related Radiological Procedures***	\$	24,662	24,662		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	124,672	124,672		
i.	Recreation	\$	18,065	18,065		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	115,359	115,359		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	997,603	997,603		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
RESIDENT SPECIFIC SUPPLIES	\$ 115,269		
OCCUPATIONAL THERAPY EXPENSE	\$ -		
MATTRESS RENTAL	\$ 90		
Total Other Resident Care	\$ 115,359	\$ -	\$ -

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility The Suffield House			License No. 2075-C	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Cox Communications		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	13,633			22	6f
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Storage & Shredding	16,646			22	6f
Proline		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repair	12,049			22	6a/6f
Simplex Grinnell LP		<input type="radio"/>	<input checked="" type="radio"/>		Fie Sytem Maintenance	12,091			22	6f
Somers Sanitation Service		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	26,229			22	6f
Precision Mechanical LLC		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	18,528			22	6a
Russo Lawn & Landscape		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	53,471			22	6f
ADP LLC		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	47,325			16	1m11
PointClickCare Technologies Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	45,167			16	1m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 108,712	108,712				
b. Heat	\$ 27,633	27,633				
c. Light & Power	\$ 134,972	134,972				
d. Water	\$ 65,417	65,417				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 27,184	27,184				
f. Other (<i>itemize</i>)	\$ 197,549	197,549				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 561,467	561,467				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 76,433	76,433				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 76,433	76,433				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 125,612	125,612				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 125,612	125,612				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 769,493	769,493				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 134,893	134,893				
c. Personal property taxes	\$ 19,276	19,276				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,125,707	1,125,707				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
MAINTENANCE SERVICE CONTRACT	\$ 104,040		
SEWER USAGE ASSESSMENT	\$ 42,963		
YARD MAINTENANCE	\$ 49,490		
HEATING FUEL	\$ 1,056		
Total Other Repairs and Maintenance	\$ 197,549	\$ -	\$ -

The Suffield House
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/9/2017	2 Dell Xps 18 1810 Motherboards	\$ 675	5	\$ 124
12/4/2017	Freestanding Automatic Ice Maker	\$ 794	5	\$ 132
6/19/2018	Garment Rack - 60" Commercial Grade	\$ 419	7	\$ 15
6/29/2018	Garment Rack Shelf for 60" Commercial Grade Shelf	\$ 149	7	\$ 5
7/17/2018	3 Vizio Tv's - D32HN-E4	\$ 447	5	\$ 15
9/6/2018	6 Mattresses low air/alt press digital	\$ 5,915	7	\$ 70
9/5/2018	3 Mattresses low air/alt press raised edge	\$ 3,755	7	\$ 45
9/3/2018	5 Mattress Kit Extension 42" width	\$ 813	7	\$ 10
9/4/2018	21 Mattress - Low Air/Alt Press, Digital	\$ 14,788	7	\$ 176
10/4/2017	1400 PSI Electric Pressure Washer	\$ 350	5	\$ 70
9/30/2018	2 LED High Definition Flat Screen TV	\$ 476	5	\$ -
12/5/2017	Hotpoint 14.6 Cu Ft Refrigerator	\$ 563	5	\$ 94
1/24/2018	1 Flat Screen High Definition Color TV	\$ 266	5	\$ 35
1/12/2018	2 LED High Definition Flat Screen TV	\$ 476	5	\$ 71
2/2/2018	1 Flat Screen LED High Definition Color TV	\$ 266	5	\$ 35
2/5/2018	Pramac 5500 Lb Hand Pallet Truck	\$ 392	5	\$ 52
5/10/2018	1 Mattress - Advantage Bariatric	\$ 315	7	\$ 19
6/13/2018	1 Vacuum - Sensor XP Upright 12"	\$ 532	5	\$ 35
6/29/2018	1 Sprayer - Sani Hand held Elecstatic Protexus	\$ 796	5	\$ 40
7/16/2018	1 Refrigerator 18 Cu Ft Top Mount - WHT	\$ 616	5	\$ 31
10/18/2017	Power Recliner - Zenith Brown	\$ 478	7	\$ 63
3/6/2018	Shelving Unit - Mobile	\$ 423	7	\$ 35
4/26/2018	1 Alterra Maxx Universal Bed	\$ 1,821	7	\$ 108
7/17/2018	4 Chairs	\$ 1,276	7	\$ 30
7/30/2018	1 Power Lift II Burgundy	\$ 605	7	\$ 14
Total additions for Movable Equipment		\$ 37,404		\$ 1,326 *
Deletions:				
4/21/2008	Home Depot (Automatic Ice Maker)	\$ (699)	5	
12/1/2007	Home Depot (1 Refrigerator)	\$ (476)	5	
8/22/2000	1 Mattress	\$ (240)	7	
6/6/2008	1 Upright vacuums	\$ (515)	5	
12/1/2007	Home Depot (1 Refrigerator)	\$ (509)	5	
4/30/1991	1 Recliners	\$ (264)	7	
5/31/1991	Furniture & Fixtures (1 Bed)	\$ (800)	7	
7/23/1998	4 wing chairs	\$ (1,861)	7	
4/30/1991	1 Recliners	\$ (264)	7	
Total deletions for Movable Equipment		\$ (5,627)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/2/2018	Related Party Assets - Schedule Attached	\$ 20,004	40	\$ 250
Total additions for Leasehold Improvement		\$ 20,004		\$ 250 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Bed Rights	4	98	180 months	561,752	70,114				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				3,632,684	775,920			125,362	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				20,004				250	
C-4. Subtotal									125,612
D. Total Amortization									125,612

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		05/09/90		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/09/90		
5. Total Licensed Bed Capacity		128		
6. Square Footage		58,478		
7. Acquisition Cost				
a. Land		363,400		
b. Building		9,437,089		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/28/15		
c. Interest Rate for the Cost Year		3.58%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		11,300,344		
f. Principal balance outstanding as of 9/30/18		10,817,447		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
The Suffield House		2075-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 27	of 37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:					
12. C. Movable Equipment					
1. Automotive Equipment \$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify) \$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$					
12. D. Other Interest Expense (Specify) \$					
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$					
14. Insurance					
a. Insurance on Property (buildings only) \$ 97,477 97,477					
b. Insurance on Automobiles \$ 4,475 4,475					
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage) \$					
2. Fire and Extended Coverage \$					
3. Other (Specify) \$					
14d. Total Insurance Expenditures (14a + b + c) \$ 101,952 101,952					
15. Total All Expenditures (A-13 thru C-14) \$ 15,040,117 15,040,117					

D. Adjustments to Statement of Expenditures

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2018	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 525,354	525,354		
4.			Other - See attached Schedule	\$ 157,082	157,082		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 69,598	69,598		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1L2	Gifts, flowers and coffee shops	\$ 17,031	17,031		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1L6	Automobile Expense (e.g. personal use)	\$ 13,569	13,569		
18.	16	1m2/3	Unallowable Advertising *	\$ 3,358	3,358		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	1m4/	Fund Raising / Contributions	\$ 368	368		
21.	16	1m12	Unallowable Management Fees	\$ 481,460	481,460		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 31,514	31,514		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 19,080	19,080		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,318,664	1,318,664		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	Alexander Riccio	\$ 3,120		
10	A5c	Clinton Moffie	\$ 153,962		
Total Other Salaries Adjustment			\$ 157,082	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1m13	MISCELLANEOUS ADMIN EXPENSE	\$ 1,268		
16	1m8a	DUES TO CHAMBER OF COMMERCE	\$ 110		
15	1a1	WORKMEN'S COMP. - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 2,985		
15	1a3	UNEMPLOYMENT INS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 1,414		
15	1a4	SOCIAL SECURITY - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 11,624		
15	1a5	HEALTH INS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 11,624		
15	1a7	PENSIONS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 628		
16	1M13	LATE FEES	\$ 1,861		
Total Other A&G Adjustments			\$ 31,514	\$ -	\$ -

Page/Line Acct

28/L17	50-4110	Automotive Expense	4,804.00
	50-4116	Passenger Van expense	300.00
	50-4420	Auto Rental	8,465.00
			<u>13,569.00</u>

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility				License No.	Report for Year Ended	Page	of
The Suffield House				2075-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,318,664	1,318,664		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 374,216	374,216		
28.	20	5d	Ambulance/Limousine	\$ 8,918	8,918		
29.	20	5f	X-rays, etc	\$ 24,662	24,662		
30.	20	5h	Laboratory	\$ 124,672	124,672		
31.	20	5c	Medical Supplies	\$ 5,846	5,846		
32.	20	5e	Oxygen (non emergency)	\$ 51,663	51,663		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 115,359	115,359		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 1,516	1,516		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,025,516	2,025,516		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

The Suffield House
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	RESIDENT SPECIFIC SUPPLIES	\$ 115,269		
20	51	OCCUPATIONAL THERAPY EXPENSE			
20	51	MATTRESS RENTAL	\$ 90		
Total Other Ancillary Costs			\$ 115,359	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

Page/Line Acct

29/31	55-5354	PHYSICAL THERAPY EXPENSE A	5,501		
	55-5437	MEDICARE EQUIPMENT - NONBILL	345		
	55-5356	PHYSICAL THERAPY EXPENSE B	-		
			<u>5,846</u>		

29/37 All auto related to the Audi and Eagle Point Bus
 29/41 All auto related to the Audi and Eagle Point Bus

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
The Suffield House	2075-C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,957,030	10,957,030			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,145,376)	(5,145,376)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,755,080	3,755,080			
b. Medicare Room and Board Contractual Allowance **	\$ 1,280,475	1,280,475			
4. a. Private-Pay Residents and Other	\$ 4,714,668	4,714,668			
b. Private-Pay Room and Board Contractual Allowance **	\$ 73,017	73,017			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 345,451	345,451			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (345,451)	(345,451)			
c. Prescription Drugs - Non-Medicare	\$ 93,625	93,625			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (93,625)	(93,625)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,895,632	1,895,632			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,781,989)	(1,781,989)			
c. Physical Therapy - Non-Medicare	\$ 414,425	414,425			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (397,670)	(397,670)			
4. a. Speech Therapy - Medicare	\$ 60,575	60,575			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (54,945)	(54,945)			
c. Speech Therapy - Non-Medicare	\$ 20,150	20,150			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,304)	(19,304)			
5. a. Occupational Therapy - Medicare	\$ 1,638,211	1,638,211			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,554,067)	(1,554,067)			
c. Occupational Therapy - Non-Medicare	\$ 371,000	371,000			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (355,884)	(355,884)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,871,028	15,871,028			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 15,289	15,289			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 600	600			
V. Total Other Revenue (1 thru 8)	\$ 15,889	15,889			
VI. Total All Revenue (III +V)	\$ 15,886,917	15,886,917			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB - MED A	\$ 28,942		
	RADIOLOGY - MED A	\$ 12,010		
	C/A MEDICARE A - ANCILLARIES	\$ (28,942)		
	C/A MEDICARE A - ANCILLARIES	\$ (12,010)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB - OTHER	\$ 8,719		
	RADIOLOGY - OTHER	\$ 3,262		
	C/A MANAGED CARE ANCILLARIES	\$ (8,719)		
	C/A MANAGED CARE ANCILLARIES	\$ (3,262)		
	LAB - MEDICAID	\$ 170		
	RADIOLOGY - MEDICAID	\$ 187		
	PHARMACY MEDICAID	\$ 5,870		
	C/A MEDICAIDE ANCILLARIES	\$ (170)		
	C/A MEDICAIDE ANCILLARIES	\$ (187)		
	C/A MEDICAIDE ANCILLARIES	\$ (5,870)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MISCELLANEOUS INCOME	\$ 600		
Total Other Revenue		\$ 600	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	954,346
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,309,810
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	35,488
5. Prepaid Expenses			\$	48,115
a. S CORP TAX DEPOSIT				
b. PREPAID INSURANCE	9,956			
c. PREPAID OTHER	38,159			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,347,759
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>3,652,688</u>		\$	2,751,156
	Accum. Depreciation <u>901,532</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,955,233</u>		\$	255,843
	Accum. Depreciation <u>1,699,390</u>	Net		
7. Motor Vehicles	*Historical Cost <u>40,763</u>		\$	
	Accum. Depreciation <u>40,763</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,006,999

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	5,354,758
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	561,752		
	Accum. Depreciation	70,114	Net	\$ 491,638
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	512,957
	DUE FROM GUILFORD HOUSE	1,820		
	DUE FROM EAGLE POINT	511,137		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,004,595
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,359,353

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
The Suffield House		2075-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	262,126
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	348,928
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	26,085
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	538,009
ACCRUED EXPENSES - OPERAT		314,505			
ACCRUED EXPENSES - INSURAI		25,453			
ACCRUED TAXES - PROPERTY		9,102			
ACCRUED NURSING HOME TAX		188,949	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,175,148

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,175,148	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,380,798	
Name and Address of Lender	Amount	Loan Date			
Moffie Family Holding Company, LLC 1 Canal Rd., Suffield CT 06078	1,380,798				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,380,798	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,555,946	

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	976,232
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	976,232
B. Net Worth				
1. Owner's Capital			\$	(260,822)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,200,298
6. Gain or Loss for Period				
	10/1/2017	thru	9/30/2018	\$ 886,699
7. Total Net Worth			\$	2,827,175
C. Total Reserves and Net Worth			\$	3,803,407
D. Total Liabilities, Reserves, and Net Worth			\$	6,359,353

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2018	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2017		\$	2,201,298
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	15,886,917
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	15,000,218
D.	Net Income or Deficit		\$	886,699
E.	Balance		\$	3,087,997
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
	Expenses per Page 27	\$15,040,117		
	(Less) F/S vs C/R Depreciation	(39,899)		
	Total Expense per F/S	\$15,000,218		
	2. Other (<i>itemize</i>)			
F-3.	Total Additions		\$	
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)		\$	260,822
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
			260,822	
	2. Other Withdrawings (<i>Specify</i>)		\$	
	Purpose	Amount		
	3. Total Deductions		\$	260,822
H.	Balance at End of Period 09/30/18		\$	2,827,175

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title Controller	Date Signed		
Printed Name of Preparer Mark Tomasello				
Address Address One Canal Road, Suffield CT 06078		Phone Number (860) 668-6111		
Annual Report Contact Mark Tomasello		Phone Number (860) 668-6111		
Annual Report Contact Email Address mark@tsh.necoxmail.com				